

**Denali Commission Quarterly
Project Narrative and Funds Disbursement Request**

Project Name: ADA Access and Parking Project

Agency: Kodiak Island Health Care Foundation

Reporting Period: Quarterly report—this period ends 30 June 05

Grant #: 06-4-C-5021 **Amount of Funds Requested** ..

1. What is the status of the project; include portions completed?

This is our first report. The Project has just begun and no funds have yet been expended. We are in the midst of completing a new facility master plan. That plan should be complete by this fall. We are awaiting Master Plan completion to confirm our initial planning before beginning construction.

2. Is the project on schedule; if no, how will this be dealt with?

The project is on schedule.

3. Is the project on budget; if not, how will this be dealt with?

Yes

4. Other comments/problems and solutions:

**Denali Commission
Quarterly Project Financial Report**

Project Name: ADA Access and Parking Project

Agency: Kodiak Island Health Care Foundation

Reporting Period: Quarterly report—this period ends 30 June 05

Grant #: 06-4-C-5021

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined: \$1,094,862.52
2. The total project expenditures as of the end of the most recent quarter: \$00.00
3. The total amount of Denali Commission funds committed to the project: \$330.234.00
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: \$00.00
5. The percentage of expenditures to the total budget: Zero %
6. Project Performance Analysis (use PPA form on page2 of 641): attached but with no entries due no expenditures to date.

Project Schedule:

Show the project schedule with milestone dates for design and construction.

Master Plan confirmation Fall 05

Construction Contract Winter 05

Construction Summer 06

Project Completion Fall 06

Form 641A

**Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form**

Project Name: **ADA Access and Parking Project**

Agency: Kodiak Island Health Care Foundation

Reporting Period: Quarterly report—this period ends 30 June 05

Grant #: 06-4-C- 5021

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
No funds expended to date				
Totals:				

Signature: _____

_____ 7/8/05 _____
Date:

Jimmy Ng, Executive Director
KIHCF

Print Name and Title:

Form 641B